

NOTICE OF INDEPENDENT REVIEW DECISION

July 26, 2002

Re: IRO Case # M2-02-0913-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 37-year-old male who on ___ was working with 40 ft long steel frames when he felt a "pop" in his low back with subsequent pain in his low back. The pain soon extended into both lower extremities, and persisted despite rather extensive physical therapy, medications, chiropractic manipulation and facet joint injections. Neurological evaluation showed no neurological findings to suggest significant nerve root compression. An MRI showed degenerative disk disease at the L4-5 and L5-S1 levels, with bulging and possibly herniated disk near the midline, but showed nothing that would correspond to his symptoms well enough to suggest that any of these findings were diagnostic of surgical

pathology. Electro-myelographic evaluation suggested the possibility of bilateral L5-S1 difficulties. The patient speaks Spanish and at least one interview and examination was performed with the assistance of an interpreter.

Requested Service

Lumbar discogram with post CT scan at L3-4, L4-5, L5-S1

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

First, it is extremely difficult to have confidence in concordant pain being produced if the language barrier is such that an interpreter is needed. If the discographer is fluent in Spanish this should not be a problem. Second, the discogram could lead possibly to a surgical procedure, yet there is no record of evaluation by a spinal surgeon. Third, there is no specific level of possible trouble that can be determined by exam or various other tests. The inconsistent and inappropriate findings on the FCE indicates that the evaluation of this patient's discomfort produced by disk injection may be extremely difficult.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all

other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,
